metal poisoning,, pre-anaesthesi, parkinsonism, glaucoma, myasthenia gravis, plumonary embolism, Viral infections, nervous diseases and out. The list also includes drugs for immunization for veterinary use, diagnostic reagents etc.

(c) and (d) Under the Import Policy, the drugs under Open General Licence are permitted to be imported by all persons and hospitals|indivi-duals. The cif value alongwith other details of the imported products is maintained by the Collectorate of Customs, Ministry of Finance.

(e) and (f) Facilities to test certain Anti Cancer medicine and some vaccines are not available in the country. However, the other medicines are tested. The drugs found not of standard quality are not permitted to be released.

Criteria for Import of Medicines under OGL

2116. SHRI M. KADHARSHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the basis and criteria adopted for recommendation regarding import of medicines under OGL;

(b) whether it is a fact that Government also recommended for exemption from custom duty for certain drugs as well as certain finished medicines; and

(c) if so, the names of drugs and finished medicines for which Government made recommendations during the last two years, year-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); *(a)* The import policy for the import of finished medicines is decided by the Chief Controller of Imports and Exports, Ministry of Commerce. The recommendation of the Ministry of Health and Family Welfare are forwarded to the said department whenever asked for.

(b) and (c) The recommendations of the Ministry of Health and Family Welfare are forwarded to the Ministry of Finance for exemption of customs duty on finished medicines only. The additions and deletions to the lists are published as Public Notices in the Gazette of India by the concerned Ministries.

Death of Children due to Pneumonia

2117. SHRl BAIKUNTHA NATH SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether a large number of children in the country die of pneu monia every year;

(b) if so, the number of such children during the last 3 years;

(c) whether Government have a proposal to implement any Central Scheme for providing proper treatment of those children; and

(d) if so, the detais thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SABOJ KHAPARDE): (a) and (b) Precise estimates of children dying of Pneumonia are not availble. However, the Registrar General of India conducts annual survey of causes of deaths (in rural population) and the latest available data for 1986 shows that pneumonia accounts for 5.3 per cent of total deaths reported under the survey. This survey is based on data collected from Hqrs. Villgaes of selected Primary Health Centres. Nearly 75 per cent pneumonia deaths were in the age group of 0—4. In 1985 the percentage of deaths due to